

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 5/25/05 2 Serial/Patent # 10/506625

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing			\$ 145							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 145							
8 TO BE REFUNDED BY:										
<input type="checkbox"/> Treasury Check										
<input checked="" type="checkbox"/> Overpayment			Credit Deposit A/C #:							
<input type="checkbox"/> Duplicate Payment	9 <table border="1"><tr><td>2</td><td>3</td><td>--</td><td>2</td><td>4</td><td>2</td><td>6</td></tr></table>		2	3	--	2	4	2	6	
2	3	--	2	4	2	6				
10 REASON:										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Frederick Smith</u>		TITLE: _____								
SIGNATURE: _____		PHONE: _____								
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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Crystal Park One, Room 802B